

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>RM</i>	<i>TSB1</i>	
O.I.P.E. CLASSIFIER	<i>MTW</i>	<i>5A</i>	<i>12-20-99</i>
FORMALITY REVIEW	<i>wm</i>	<i>6100L</i>	<i>1/6/00</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	07/1/02
2	✓	✓	1/22/03
3	✓	✓	05/15/03
4	✓	✓	08/04/03
5	✓	✓	1/16/04
6	✓	✓	5/11/04
7	✓	✓	9/10/04
8	✓	✓	
9	✓	✓	
10	✓	✓	
11	✓	✓	
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Best Available Copy

If more than 150 claims or 10 actions  
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